

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599667

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11		①				
12		①				
13		①				
14		①				
15		①				
16		①				
17		①				
18		①				
19		①				
20	1					
21		1				
22		1				
23		3				
24		3				
25						
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47						
48						
49						
50						
TOTAL IND.	2	↓	0	↓	0	↓
TOTAL DEP.	28	←	0	←	0	←
TOTAL CLAIMS	30		0		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	